

Pennsylvania Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>39C0001258</b>	(X2) MULTIPLE CONSTRUCTION:  A. BLDG: <u>00</u> B. WING: _____		(X3) DATE SURVEY COMPLETED:  <b>05/11/2023</b>
NAME OF PROVIDER OR SUPPLIER: <b>PINE GROVE AMBULATORY SURGICAL CENTER, LLC</b>		STREET ADDRESS, CITY, STATE, ZIP CODE: <b>10 TIMBERVIEW LANE RUSSELL, PA 16345</b>			
STATE LICENSE NUMBER: <b>21361501</b>					
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE DATE	
S 0000	INITIAL COMMENT	S 0000			
	This report is the result of an unannounced onsite special monitoring survey completed on March 27, 2023, at Pine Grove Ambulatory Surgery Center, LLC, with additional documentation review concluding on March 31, 2023. It was determined the facility was not in compliance with the requirements of the Pennsylvania Department of Health's Rules and Regulations for Ambulatory Care Facilities, Annex A, Title 28, Part IV, Subparts A and F, Chapters 551-573, November 1999.				
S 0015		S 0015			
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE			TITLE:		(X6) DATE:

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S 0015	Continued from page 1  51.4 (a) Change in Ownership/Management  51.4. Change in ownership; change in management.  (a) A health care facility shall notify the Department in writing at least 30 days prior to transfer involving 5% or more stock or equity of the health care facility.  This REGULATION is not met as evidenced by:	S 0015	In response to the Department of Health's requirement to provide notification for change of ownership (CHOW) at least 30 days prior to its occurrence we have taken the following actions.  We have reviewed and updated our internal policies and procedures to reflect this requirement and ensure future compliance.  We will provide education to the management team and the Management Committee to reinforce this requirement.  We will utilize an accounting firm and legal counsel to prepare all legal documentation required to facilitate any future change of ownership.  Prior to any formal change of ownership (CHOW) the request will be presented to the Management Committee for approval.  Once approval is attained, the request will be presented to the PA	Completion Date: <b>06/30/2023</b> Status: <b>APPROVED</b> Date: <b>06/09/2023</b>	

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S 0015	Continued from page 2	S 0015	Department of Health via email for review and approval. Upon notification and approval from DOH, change will be presented to PGASC Management Committee for formal implementation.		

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S 0015	<p>Continued from page 3</p> <p>Based on review of facility documents and staff interview (EMP), it was determined the facility failed to provide notification per instruction to the Department of Health (Department) for a change of ownership at least 30 days prior to its occurrence.</p> <p>Findings include:</p> <p>Review on March 27, 2023, of the license renewal application submitted by Pine Grove Ambulatory Surgical Center, LLC, a change of ownership (CHOW) occurred on March 1, 2022.</p> <p>Review on March 27, 2023, of email correspondence by the Department stated, "... Please return your response to the 10 legal questions via email to our resource account at ... . Do not send correspondence via U.S. mail. Please email me with any questions. ..."</p> <p>EMP1 confirmed that the required documentation was not sent via email to the Department resource account.</p>	S 0015			

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S 0015	Continued from page 4	S 0015			



# Certified End Page

**PINE GROVE AMBULATORY SURGICAL CENTER, LLC**

**STATE LICENSE NUMBER: 21361501**

**SURVEY EXIT DATE: 05/11/2023**

**I Certify This Document to be a True and Correct Statement of Deficiencies and  
Approved Facility Plan of Correction for the Above-Identified Facility Survey**

A handwritten signature in cursive script that reads "Jeane Parisi".

*Jeane Parisi*  
*Deputy Secretary for Quality Assurance*

A handwritten signature in cursive script that reads "Debra L. Bogen MD".

*Debra L. Bogen, MD, FAAP*  
*Acting Secretary of Health*



THIS IS A CERTIFICATION PAGE

**PLEASE DO NOT DETACH**

THIS PAGE IS NOW PART OF THIS SURVEY